

**Clermont County
Transportation Permission**

I _____ do give my permission for _____
Name of Parent Name of Provider

to take my child/children _____ on routine trips
Name of Child/Children

to the following destinations: ****You must fill out the following section in order for your children to participate in routine trips.**

Destination	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ does, or does not, need to notify me in advance of the trips.
Name of Provider

_____ will be providing transportation for the trips, under the supervision
Name of Transporter of _____
Name of Provider

Safety seats will be provided, as applicable, by Authorized Provider/Client. (Circle One)

Special Instructions: _____

Signature of Parent Date